

Date: February 5, 2004

17497 U.S. PTO
10/773043
020504

MAIL STOP PATENT APPLICATION

Commissioner For Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the ☒ Utility ☐ Design patent application of:

Inventor(s): Ralph CARPINELLA

For: FURNITURE GLIDE WITH POLYURETHANE BASE

Enclosed are:

- ☒ 13 Sheets Of Specification
- ☒ 3- Sheet(s) Containing Figures 1 -6 ☐ Formal ☒ Informal
- ☒ A Return Receipt Postcard.
- ☒ An Assignment Of The Invention
- ☐ A Certified Copy Of A Priority Document
- ☒ An Inventor's Declaration (Signed).
- ☐ A Copy Of Verified Statement Claiming Small Entity Status.
- ☐ A Preliminary Amendment.
- ☒ Other - Information Disclosure Statement with Form PTO 1449
- ☐ Other - Request for Non Publication

☐ If checked, this application is a:

- ☐ Continuation
- ☐ Continuation-in-part
- ☐ Divisional

Application of prior United States Patent Application No.: _____ previously examined
by _____ (Examiner) in Group/Art Unit _____.

For Continuation or Divisional Applications: The entire disclosure of the prior application, from which an oath or declaration is supplied, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

I, hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on February 5, 2004, and is addressed to the "Mail Stop Patent Application, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450".



Dahlia Steele

Date: February 5, 2004

The filing fee has been calculated as shown below:

☐ Design Application For ☐ Small Entity = \$170 ☐ Not Small Entity = \$340

☒ Utility Application With Fee Calculated Below:

☒ If Checked, Applicant Is A SMALL ENTITY.

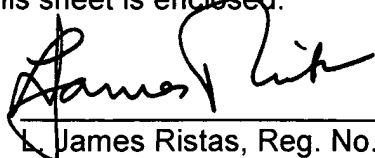
				<u>CLAIMS</u>		<u>SMALL ENTITY</u>	<u>LARGE ENTITY</u>
	<u>No. Filed</u>		<u>No. Extra</u>				
Total Claims	21-	20=	1	x \$9 =	9.00	x \$18 =	
Independent claims	3	3=	0	x \$43 =		x \$86 =	
Basic Fee					<u>385.00</u>		\$770.00
Multiple Dependent Claims Presented				x \$145		x \$290	
				TOTAL	<u>\$394.00</u>	TOTAL	

☒ A check in the amount of \$394.00 to cover the filing fee is enclosed.

☐ Please charge my Deposit Account No. 16-2563 in the amount of \$_____ to cover the filing fee. ☐ A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional required filing fees under 37 CFR 1.16 associated with this communication or credit any overpayment to Deposit account No. 16-2563. ☒ A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 required during the pendency of this application and to credit any overpayment to Deposit Account No. 16-2563. ☒ A duplicate copy of this sheet is enclosed.



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